Abstract 77 Table 1 Screening outcomes of 221 at risk subjects identified from 64 index cases of hypertrophic cardiomyopathy

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>New screening initiated (local heart muscle clinic)</td>
<td>52</td>
</tr>
<tr>
<td>New screening initiated (local paediatric clinic)</td>
<td>19</td>
</tr>
<tr>
<td>New screening initiated (out of area service)</td>
<td>6</td>
</tr>
<tr>
<td>Pre-existing screening in place</td>
<td>63</td>
</tr>
<tr>
<td>Personal preference (declined screening)</td>
<td>28</td>
</tr>
<tr>
<td>Awaiting response from subject (literature delivered)</td>
<td>19</td>
</tr>
<tr>
<td>Complex family relationships (unable to deliver literature)</td>
<td>14</td>
</tr>
<tr>
<td>Geographical/Logistical constraints</td>
<td>10</td>
</tr>
<tr>
<td>Subject deceased (non-hypertrophic cardiomyopathy)</td>
<td>3</td>
</tr>
<tr>
<td>Subject deceased (hypertrophic cardiomyopathy)</td>
<td>7</td>
</tr>
</tbody>
</table>

Conclusions Proactive screening for HCM can be effectively facilitated by cardio-genetic nurse services. Each new index case generates 3–4 at risk relatives who require long-term surveillance. Of 71 asymptomatic at risk subjects screened in our unit, we diagnosed 15 new cases of HCM, and 3 patients at high risk of sudden cardiac death who subsequently received primary prevention deﬁbrillator implantation.